TION OF:

Peter S. Linsley et al.

722,101

June 27, 1991 FILED:

LIGAND FOR CD28 RECEPTOR ON B CELLS AND METHODS

HONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS

Washington, D.C. 20231

Sir:

RECEIVED

August 24, 1992

T: ansmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this pa, er is hereby requested.

- No additional fee is required.
- The fee has been calculated as shown below:

□ EXTENSION FEE	RATE. Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	
SECOND MONTH AFTER TIME PERIOD SET	350.00	175.00	\$ 350,00
. THIRD MONTH AFTER TIME PERIOD SET	810,00	405.00	00,000
FOURTH MONTH AFTER TIME PERIOD SET	1,280.00	640.00	s

TOTAL EXTENSION FEE \$ 350.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			-
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	0	MINUS **	*	x 20	x 10	s 0
INDEPENDENT	0	MINUS ***	*=	x 72	x 36	• 0.
First presentation of	of multiple depende	nt claim		+ 220	+ 110	s 0

TOTAL FEE FOR EXTRA CLAIMS \$

#	If the entry in Column	1 is less than the entry of Column 2, write "0" in Column :	•

\mathbf{x}	Enclosed is the fee of \$ 350.00	by Check No.	3207
	Please charge Deposit Account No. 19-2090 in the amount of \$		

The Commissioner is hereby authorized to charge payment of any additional fees, in particular the following X fees, associated with this communication, or credit any overpayment to Deposit Account No. 19-2090:

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims Any patent application processing fees under 37 C.F.R. § 1.17

August 24, 1992 Date:

Reg. No.: 34,470

CERTIFICATE OF MAILING:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Signature

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If the number of Total Claims previously paid for is less than 20, write "20" in this space.

If the number of Independent Claims previously paid for is less than 3, write "3" in this space.